

**RECEIVED
CENTRAL FAX CENTER****JAN 02 2007**

PTO FAX NO.: 1-571-273-8300

Atty Docket No. 020885000620US

ATTENTION: Commissioner for Patents

Group Art Unit 1649

OFFICIAL COMMUNICATION**FOR ATTENTION OF****the Commissioner for Patents****CERTIFICATION OF FACSIMILE TRANSMISSION**

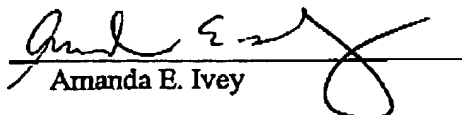
I hereby certify that the following documents in re Application of Huda Akil et al., Application No. 10/701,263, filed November 3, 2003 for COMPOSITIONS AND METHODS FOR DIAGNOSING AND TREATING MOOD DISORDERS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (Form PTO/SB/21 - 1 page);
2. Executed Power of Attorney and Correspondence Address Indication Form (Form PTO/SB/81 - 1 page); and
3. Statement Under 37 CFR 3.73(b) (Form PTO/SB/96 - 1 page).

Number of pages being transmitted, including this page: 4

Dated: January 2, 2007


Amanda E. Ivey

**PLEASE CONFIRM RECEIPT OF THIS PAPER BY
RETURN FACSIMILE AT (415) 576-0300**

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 925-472-5000
Fax: 925-472-8895
0293

60949074 v1

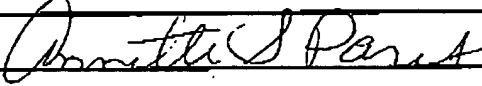
RECEIVED
CENTRAL FAX CENTER

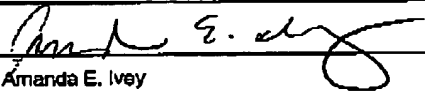
JAN 02 2007

PTO/SB/21 (07-06)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/701,263
	Filing Date	November 3, 2003
	First Named Inventor	Akli, Huda
	Art Unit	1649
	Examiner Name	Daniel E. Kolker
	Attorney Docket Number	020885-000620US
Total Number of Pages in This Submission		3

ENCLOSURES <small>(Check all that apply)</small>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b)
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Annette S. Parent		
Date	January 2, 2007	Reg. No.	42,058

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on January 2, 2007.			
Signature			
Typed or printed name	Amanda E. Ivey	Date	January 2, 2007

60949046 v1

RECEIVED
CENTRAL FAX CENTER**JAN 02 2007**

PTO/SB/81 (01-06)

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/701,263
	Filing Date	November 3, 2003
	First Named Inventor	Akil, Huda
	Title	COMPOSITIONS AND METHODS FOR DIAGNOSING AND TREATING MOOD DISORDERS
	Art Unit	1649
	Examiner Name	Daniel E. Kolker
Attorney Docket Number		020885-000620US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:**20350**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Katharine Ku</i>	Date	12/18/2006
Name	Kroten Leuto Katharine Ku	Telephone	(650) 723-4374
Title and Company	Licensing Officer Director, Office of Technology Licensing		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

60912196 v1

RECEIVED
CENTRAL FAX CENTER

JAN 02 2007

PTO/SB/98 (12-05)

BEST AVAILABLE COPY

Attorney Docket No. 020885-000620US

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Huda Akil, et al.

Application No./Patent No./Control No.: 10/701,263 Filed/Issue Date: November 3, 2003

Entitled: COMPOSITIONS AND METHODS FOR DIAGNOSING AND TREATING MOOD DISORDERS

The Board of Trustees of the Leland Stanford Junior
 University

(Name of Assignee)

a University

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
 (The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of the following:

- ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014516, Frame 0778, or a true copy of the original assignment is attached.
- ☒ An assignment from the Regents of the University of California of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 018436, Frame 0200, or a true copy of the original assignment is attached.
- ☒ An assignment from the Regents of the University of Michigan of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 018436, Frame 0250, or a true copy of the original assignment is attached.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Katharine Ku

12/18/2006

Signature

Date

~~Kirsten-Louis~~

Katharine Ku

(650) 723-4374

Printed or Typed Name

Telephone Number

~~Licensing Officer~~

Director, Office of Technology

Title

Licensing

60908062 v1